

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44882

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 74

| | | | | | | | |
|---|------------------------------|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Valle Twp. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR Valle Twp. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Rt. 2 DeSoto | | | | Length of stay in lb 3 Yrs. | | d. STREET ADDRESS (If outside, give location) Rt. 2 DeSoto | |
| 3. NAME OF DECEASED (Type or print) First Flora Middle Hester Last Wagner | | | | 4. DATE OF DEATH Month Dec. Day 29 Year 1957 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Nov. 12, 1889 | | 9. AGE (In years last birthday) 68 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) Bollinger County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Marion F. Lacey | | | | 14. MOTHER'S MAIDEN NAME Mary Perkins | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 499-01-2289 | | 17. INFORMANT Address Arnold Wagner Rt. 2, DeSoto, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Antero-sclerotic cordis - Vascular renal disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Aug 17, 1957 to Dec 29, 1957 and last saw her alive on Aug 28, 57 Death occurred at 2:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Norm. H. Hefner M.D. | | | | 22b. ADDRESS DeSoto, Mo. | | 22c. DATE SIGNED Dec 30, 57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/31/57 | | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn | | 23d. LOCATION (City, town, or county) (State) DeSoto Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS J. Lee Mothershead DeSoto, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 1-1-1958 | | 26. REGISTRAR'S SIGNATURE Marie Harris | |

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

1-4-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 474

P. O. Address De Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.